

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00070365	2 PAGE # 1 of 7
3 COMMITTEE NAME Austin Fieffighters Public Safety Fund		OFFICE USE ONLY Date Received 2014 DEC 11 PM 4:11 AUSTIN CITY CLERK RECEIVED Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT/SUITE #; CITY; STATE ZIP CODE 7537 Cameron Road Austin, TX 78752		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Douglas MI NICKNAME LAST SUFFIX Randy Denzer		
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7537 Cameron Road Austin, TX 78752		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7537 Cameron Road Austin, TX 78752		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 441-7572		
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly (Enter date below) <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (attach PAC-DR)		
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input checked="" type="checkbox"/> December 5		
11 PERIOD COVERED	Month Day Year THROUGH Month Day Year 10/26/2014 11/25/2014		

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME Austin Fieffighters Public Safety Fund		ACCOUNT # 00070365
13 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported
		B. Opposed
	2. Measures (describe by date and location of election and nature of issue)	A. Supported
		B. Opposed
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)	
14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$10 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED (OR \$20 OR LESS IF QUALIFIED FOR HIGHER THRESHOLD) <input type="checkbox"/> Check here if this report qualifies for the higher itemization threshold.	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 70,000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$10 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 134,040.48
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 71,561.24
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

15 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Premal Amin

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said PREMAL AMIN, this the 11 day of Dec, 2014, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Michael Sullivan

Printed name of officer administering oath

Notary Public

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/1 Report: 3/7

2 FILER NAME Austin Firefighters Public Safety Fund**3** ACCOUNT # (Ethics Commission filers)

00070365

4 Date

11/25/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Austin Firefighters Association**6** Contributor address; City; State; Zip Code
7537 Cameron Rd
Austin, TX 78752**7** Amount of
contribution (\$)

\$20,000.00

8 In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐**9** Principal occupation / Job title (See Instructions)**10** Employer (See Instructions)

Date

11/20/2014

Full name of contributor ☒ out-of-state PAC (ID# C00029447)
International Association of Fire FightersContributor address; City; State; Zip Code
1750 New York Ave NW
Washington, DC 20006-5395Amount of
contribution (\$)

\$50,000.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/3 Report: 4/7		2 FILER NAME Austin Fieffighters Public Safety Fund		3 ACCOUNT # (TEC filers) 00070365	
4 Date 11/24/2014		5 Payee name In Focus Campaigns			
6 Amount (\$) \$20,000.00 <input checked="" type="checkbox"/> Expenditure from corporate funds		7 Payee address City; State; Zip Code PO Box 10726 Ft. Worth, TX 76114			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone Banking <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Martinez, Mike		Office sought: Mayor, City of Austin Office held:	
Date 11/05/2014		Payee name Kelly Graphics			
Amount (\$) \$2,525.06 <input checked="" type="checkbox"/> Expenditure from corporate funds		Payee address City; State; Zip Code 1107 Rose Ave Austin, TX 78703			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Kitchen, Ann (Mrs.)		Office sought: Austin City Council District 5 Office held:	
Date 11/05/2014		Payee name Kelly Graphics			
Amount (\$) \$3,437.16 <input checked="" type="checkbox"/> Expenditure from corporate funds		Payee address City; State; Zip Code 1107 Rose Ave Austin, TX 78703			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mailers and postage <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Valera, Jose		Office sought: Austin City Council District 3 Office held:	
Date 11/24/2014		Payee name Morris & Carmen Advertising			
Amount (\$) \$100,000.00 <input checked="" type="checkbox"/> Expenditure from corporate funds		Payee address City; State; Zip Code PO Box 685068 Austin, TX 78768			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Broadcast Advertising TV& Cable <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Martinez, Mike		Office sought: Mayor, City of Austin Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/3 Report: 5/7		2 FILER NAME Austin Fiefighters Public Safety Fund		3 ACCOUNT # (TEC filers) 00070365	
4 Date 11/04/2014		5 Payee name USPS			
6 Amount (\$) \$1,200.33 <input checked="" type="checkbox"/> Expenditure from corporate funds		7 Payee address City: State: Zip Code 8225 Cross Park Dr. Austin, TX 78710			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Thomas, Robert		Office sought: Austin City Council District 10 Office held:	
Date 11/04/2014		Payee name USPS			
Amount (\$) \$1,789.57 <input checked="" type="checkbox"/> Expenditure from corporate funds		Payee address City: State: Zip Code 8225 Cross Park Dr. Austin, TX 78710			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Riley, Chris		Office sought: Austin City Council District 9 Office held: Austin City Council	
Date 11/04/2014		Payee name USPS			
Amount (\$) \$2,077.93 <input checked="" type="checkbox"/> Expenditure from corporate funds		Payee address City: State: Zip Code 8225 Cross Park Dr. Austin, TX 78710			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Valera, Jose		Office sought: Austin City Council District 3 Office held:	
Date 11/04/2014		Payee name Worley Printing			
Amount (\$) \$756.67 <input checked="" type="checkbox"/> Expenditure from corporate funds		Payee address City: State: Zip Code 3217 N. IH 35 Austin, TX 78722			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Signs <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Thomas, Robert		Office sought: Austin City Council District 10 Office held:	

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

The Instruction Guide explains how to complete this form.

1 PAGE # Schedule: 1/3 Report: 7/7		2 FILER NAME Austin Fiefighters Public Safety Fund		3 ACCOUNT # (TEC filers) 00070365
4 Date 11/21/2014	5 Payee name Bank of America			
6 Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address City: State: Zip Code 515 Congress Ave Austin, TX 78701			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description (See instructions regarding type of information required.) Wire Transfer Fees	